

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>kw</i>	<i>68904</i>	<i>3/1/00</i>
O.I.P.E. CLASSIFIER	<i>1914</i>	<i>32</i>	<i>3/1</i>
FORMALITY REVIEW	<i>DMK</i>	<i>09169</i>	<i>4-25-00</i>
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>11</i>	<i>7/17/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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